

| Marine Corps Physical Fitness Programs<br>STAFF SCREENING CHECKLIST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                       |                          |                                         |         |
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| <p align="center"><b>PRIVACY ACT STATEMENT</b></p> <p><b>AUTHORITY:</b> 10 U.S.C. § 5041, Headquarters U.S Marine Corps, and E.O. 9397 (EDIPI)</p> <p><b>PRINCIPAL PURPOSE:</b> To collect information necessary to determine if a Marine meets eligibility requirements to become an Instructor at one of the Marine Corps Physical Fitness Program's School Houses (i.e. Force Fitness Readiness Center/Martial Arts Center of Excellence/Marine Corps Water Survival School) or an inspector at Human Performance Branch.</p> <p><b>ROUTINE USE:</b> Information collected on this form will be shared with the prospective applicant's chain of command and the Director, Martial Arts &amp; Fitness Center of Excellence/Marine Corps Water Survival School.</p> <p><b>RENTENTION:</b> Marine Corps Physical Fitness Programs Staff Screening Checklist forms are used and properly archived according to Marine Corps Orders pertaining to the appropriate storage of records.</p> <p><b>DISCLOSURE:</b> Providing information on this form is voluntary. Failure on your part, however, to answer all questions, or any misrepresentation (by omission, concealment, or by misleading, false, or partial answers) may result in ineligibility at one of the Marine Corps Physical Fitness Program billets.</p> <p><b>PURPOSE:</b> To ensure Marines qualify for instructor or inspector duty at Human Performance Branch/Martial Arts &amp; Fitness Center of Excellence/Marine Corps Water Survival School.</p> <p><b>INFORMATION:</b> Marine Corps Physical Fitness Program billets are demanding and rewarding assignments. These Marines are directly responsible for educating the force in overall health, strength, and fitness while integrating the Marine Corps martial arts, water survival, general and occupational fitness, nutrition, and Sports Medicine and Injury Prevention programs in order to improve the overall combat readiness of individual Marines and units. In order to ensure the Marine Corps Physical Fitness Program billets are equipped with the best inspector and instructor cadre possible, it is necessary that parent commands thoroughly screen their applicants accordingly.</p> <p><b>ACTION:</b> The completed Marine Corps Physical Fitness Program Staff Screening Checklist must be routed through the Career Planner to the Enlisted Assignment Branch (MMEA).</p> |                                                                                                                                                                                       |                          |                                         |         |
| Applicant's Name (Last, First, MI):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                       | Rank:                    | DOR:                                    |         |
| Unit:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                       | EDIPI:                   | MOS:                                    |         |
| Applicant Education Level                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                       |                          |                                         |         |
| 1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | What is the applicant's highest level of education completed?<br>(i.e. High School Diploma, G.E.D, Some College, VoTech Program, Associates Degree, Bachelor Degree, Master Degree)   |                          | Major/Concentration:<br>(if applicable) |         |
| Prerequisites                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                       | Yes                      | No                                      | Remarks |
| 2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Billet applying for:    FFIT: <input type="checkbox"/> MAIT: <input type="checkbox"/> MCIWS: <input type="checkbox"/><br>Human Performance Branch Inspector: <input type="checkbox"/> |                          |                                         |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Certification: MAIT: <input type="checkbox"/> FFI: <input type="checkbox"/> MCIWS: <input type="checkbox"/>                                                                           | <input type="checkbox"/> | <input type="checkbox"/>                |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Certification Date(s):                                                                                                                                                                |                          |                                         |         |
| 3.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Applicant meets the minimum obligated service to complete PCS/PCA orders?                                                                                                             |                          |                                         |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | EAS:                                                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | DCTB:                                                                                                                                                                                 |                          |                                         |         |
| 4.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Successful completion of current grade level PME program?                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                |         |
| 5.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Are there any existing family or financial hardships that would preclude this individual from this assignment?                                                                        | <input type="checkbox"/> | <input type="checkbox"/>                |         |

| Prerequisites                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                     |            |            | Yes                      | No                       | Remarks |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|--------------------------|--------------------------|---------|
| 6.                                                                                                                                                                                                                                                                                                                                                  | Current PFT and CFT in MCTFS.                                                                                                                                                                                                                                                                                                                                                                                       | PFT Score: | Date:      |                          | CFT Score:               | Date:   |
| 7.                                                                                                                                                                                                                                                                                                                                                  | Does the applicant meet height/weight standards per the current version of MCO 6110.3__?                                                                                                                                                                                                                                                                                                                            |            |            | <input type="checkbox"/> | <input type="checkbox"/> |         |
| 7a.                                                                                                                                                                                                                                                                                                                                                 | Height:                                                                                                                                                                                                                                                                                                                                                                                                             | Weight:    |            | Body Fat (if required):  |                          | Date:   |
| 8.                                                                                                                                                                                                                                                                                                                                                  | <p>Is the applicant medically qualified (current physical) to participate in the Marine Corps Physical Fitness Program? In full duty status?</p> <p>Date of physical:</p> <p>Medical provider printed name:</p> <p>Medical provider billet:</p> <p>Medical provider signature:</p> <p><b>NOTE:</b> Must be signed and stamped by a medical officer, civilian healthcare provider, or independent duty corpsman.</p> |            |            | <input type="checkbox"/> | <input type="checkbox"/> |         |
| <p><b>To be completed by the applicant's OIC or SNCOIC.</b> Describe the Marine's leadership experience and why you believe they would be a good instructor and mentor for Marines from all elements of the Marine Air Ground Task Force. Additionally, describe how the Marine has implemented the specific program applying for in your unit.</p> |                                                                                                                                                                                                                                                                                                                                                                                                                     |            |            |                          |                          |         |
| Print Name/Rank:                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                     |            | Signature: |                          |                          | Date:   |

| Endorsements                                                                                                                                                                   |                          |                         |                          |                          |             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------|--------------------------|--------------------------|-------------|
| <b>Required Endorsements:</b> The unit Sergeant Major or Senior Enlisted Advisor (SEA), and first O-5 commander or above must endorse this staff screening checklist.          |                          |                         |                          |                          |             |
| Recommended                                                                                                                                                                    | Not Recommended          | Title                   | Print Name/Rank          | Signature                | Date        |
| <input type="checkbox"/>                                                                                                                                                       | <input type="checkbox"/> | Sgt Maj/<br>Unit SEA    |                          |                          |             |
| <input type="checkbox"/>                                                                                                                                                       | <input type="checkbox"/> | CO<br>(O-5 or<br>above) |                          |                          |             |
| Marine Corps Physical Fitness Programs Use Only                                                                                                                                |                          |                         |                          |                          |             |
|                                                                                                                                                                                |                          |                         | Yes                      | No                       | Remarks     |
| Applicant is qualified and recommended for instructor duty at the Human Performance Branch/Martial Arts & Fitness Center of Excellence or Marine Corps Water Survival School?  |                          |                         | <input type="checkbox"/> | <input type="checkbox"/> |             |
| <b>Senior Enlisted Advisor</b>                                                                                                                                                 |                          | <b>Print Name</b>       | <b>Signature</b>         |                          | <b>Date</b> |
|                                                                                                                                                                                |                          |                         | Yes                      | No                       | Remarks     |
| Applicant is qualified and recommended for instructor duty at the Human Performance Branch/ Martial Arts & Fitness Center of Excellence or Marine Corps Water Survival School? |                          |                         | <input type="checkbox"/> | <input type="checkbox"/> |             |
| <b>Deputy Director</b>                                                                                                                                                         |                          | <b>Print Name</b>       | <b>Signature</b>         |                          | <b>Date</b> |
|                                                                                                                                                                                |                          |                         | Yes                      | No                       | Remarks     |
| Applicant is qualified and recommended for instructor duty at the Human Performance Branch/ Martial Arts & Fitness Center of Excellence or Marine Corps Water Survival School? |                          |                         | <input type="checkbox"/> | <input type="checkbox"/> |             |
| <b>Director</b>                                                                                                                                                                |                          | <b>Print Name</b>       | <b>Signature</b>         |                          | <b>Date</b> |